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6 UNITED STATES DISTRICT COURT
7 DISTRICT OF NEW JERSEY
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9 STEPIEN ET AL

Case No.: 2:21-cv-13271 KM JSA

10 V.

11 MURPHY ET AL

2nd DECLARATION OF REGINALD
BURGESS SUPPORTING MOTION
TO INTERVENE [supp & corrected]
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Fed R. Civ P 24

September 7, 2021 Judge McNulty

19 I am, Reginald Burgess a natural born American citizen, 65 years of age,
20 competent to testify, with information for this court and would testify substantially
21 the same if called to testify

- 22
- 23 1. I mailed the original version of this Declaration August 1, 2021, at Anaheim,
24 CA, sent to the clerk's office for filing as USPS 9200190161355200001807
25 but apparently it has sat in a mailbox still not picked up at this writing.
 - 26 2. I have corrected the case head, obtained originally from pacermonitor.com
27 from "GABE" to "MURPHY", due their title of the case post error and my
28 inability to access my PACER account originally.

- 1 3. I filed a Motion to Intervene as this Country has been mislead on the issue of
- 2 the Coronavirus and the Vaccine so this court cannot grant this complaint.
- 3 4. This has caused many people to throw caution to the wind, or they never had
- 4 belief and caution regarding COVID, as is the case for 50% of people.
- 5 5. The reality is COVID is a more serious pandemic than smallpox, because at
- 6 least smallpox stood still and the single vaccination developed for it worked
- 7 until smallpox was declared eradicated from the planet, while COVID is
- 8 doing no such thing – COVID is a moving target increasing in virulence
- 9 with each variant that surfaces.
- 10 6. No vaccine had ever been developed for a Coronavirus – also known as a
- 11 common cold virus – for the reason that it mutates constantly and until now
- 12 has never really been deadly but COVID *one can get and pass it in 1 day.*
- 13 7. This changed in the emergence of Sars-Cov-2 also known as COVID-19
- 14 8. It was ALWAYS known that COVID was a two step infection, but somehow
- 15 persons involved simply took a leap that addressing the second stage of the
- 16 infection which is the stage that maims and kills, would stop the first stage
- 17 of the infection, even when studies showed this not true.
- 18 9. Apparently in panic and those in positions of power in the medical
- 19 community desperate to deliver good news simply began saying a vaccine
- 20 was the only and best way to end the COVID pandemic – despite them
- 21 knowing this not true. See the Motion reference to the monkey trial as
- 22 reported by Forbes, so it is now not safe to breathe any other person's breath.
- 23 10. I always knew and maintained that the Vaccine would not work "for long",
- 24 and of course no one listened, but now EVERYONE needs a mask "forever".
- 25 11. Thankfully others knew this as well and went about doing a study to prove
- 26 this fact. Attached is that report which forced the CDC to revise their mask
- 27 guidance which they then posted July 31, 2021 after I sent my Motion at
- 28 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>

12. See report at <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7031e2-H.pdf> also attached and is nick named called “The Canary in the Coal Mine” study of July 30, 2021 which CNN reports on here at <https://www.cnn.com/videos/health/2021/07/31/coronavirus-pandemic-outbreak-vaccinations-holmes-pkg-ndwknd-vpx.cnn> July 31, 2021, but still what all seem to miss is the fact that a “Canary in the Coal Mine” analogy means the vaccine turns EVERYONE who is vaccinated into walking Typhoid Marys’ as asymptomatic spreaders, but it is ALL mankind has to combat the virus. It means ALL will be infected and die eventually if a variant comes through which defeats the stage two vaccine protection.
13. I have a right to be free from the dim witted thought of others who carry pathogens of others according to Jacobson, and still the CDC is not sounding more of an alarm that parents will infect their children and teachers – especially vaccinated ones, WILL bring the virus to infect their students and what the filing litigants seek furthers the spread and death caused by the virus, as I have been saying persistently.
14. Here is a mother who likely brought it home to her 15 year old unvaccinated daughter and still doesn’t get it how they caught it at the same time – vaccinated mom likely brought it home - at this writing as CNN reported at <https://www.cnn.com/2021/07/29/us/covid-florida-mother-teen-daughter-icu/index.html> It is also the report on Gov. Ron Desantis denying COVID.
15. Here is a CNN report on a charter school, TWO days after opening for the school year, had 100 students infected who previously were not at <https://www.cnn.com/videos/health/2021/07/31/drew-charter-school-atlanta-peter-mcknight-covid-quarantine-intv-ndwknd-vpx.cnn>
16. It is as I said, Americans have been misled, but more importantly they can kill their own families being vaccinated and bringing COVID home, yet no

one is saying that – yet – directly - but it has already been said that in reality, so this is approaching a National emergency no one seems to see still is here.

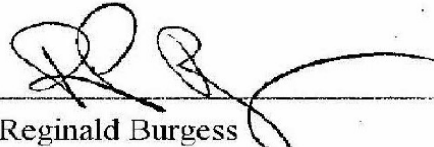
17. Gov. Ron Desantis of Florida denies COVID as his state has the fastest highest, infection and death rate in the nation currently shown August 5, 2021 by CNN at <https://www.cnn.com/videos/politics/2021/08/05/desantis-mock-coronavirus-surge-florida-biden-vpx.cnn> – while the Governor of New Jersey Phil Murphy – a defendant in this suit - recognizes that anti-maskers and anti vaccination people are “ultimate knuckle heads” and have “lost their minds” in this CNN story also of August 5, 2021 here at <https://www.cnn.com/videos/politics/2021/08/05/arkansas-governor-sot-mandate-regret-covid-19-cpt-vpx.cnn>

18. If what Desantis claims in the CNN first story post above at “17” is true of the Biden administration, then this court should investigate and it is all the more reason for a Nationwide order supporting protecting the Nation from this deadly development that all vaccinated persons can be asymptomatic carriers of the Delta and Lambda variants which means actually parents would be wise to wear masks at ALL times even when home with their children, and there is at least three precedent for such a nationwide order.

19. Americans with good sense are crying for help, but without a court order 50% of the country will not comply. “At first negative with symptoms then days later - positive” is how long before one can know they have even carried it. See <https://www.cnn.com/2021/07/31/us/vaccinated-americans-frustrated-surge-mandates/index.html> It is not nice – “but I told you so”.

20. Once again the plaintiff litigants do not have a constitutional right to jeopardize all of public health in America according to **Jacobson.**

I declare under penalty of perjury under the laws of the State of California the forgoing is true and correct, signed this 5th day of August, 2021 at Norwalk, California


Reginald Burgess



Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

During July 2021, 469 cases of COVID-19 associated with multiple summer events and large public gatherings in a town in Barnstable County, Massachusetts, were identified among Massachusetts residents; vaccination coverage among eligible Massachusetts residents was 69%. Approximately three quarters (346; 74%) of cases occurred in fully vaccinated persons (those who had completed a 2-dose course of mRNA vaccine [Pfizer-BioNTech or Moderna] or had received a single dose of Janssen [Johnson & Johnson] vaccine ≥ 14 days before exposure). Genomic sequencing of specimens from 133 patients identified the B.1.617.2 (Delta) variant of SARS-CoV-2, the virus that causes COVID-19, in 119 (89%) and the Delta AY.3 sublineage in one (1%). Overall, 274 (79%) vaccinated patients with breakthrough infection were symptomatic. Among five COVID-19 patients who were hospitalized, four were fully vaccinated; no deaths were reported. Real-time reverse transcription–polymerase chain reaction (RT-PCR) cycle threshold (Ct) values in specimens from 127 vaccinated persons with breakthrough cases were similar to those from 84 persons who were unvaccinated, not fully vaccinated, or whose vaccination status was unknown (median = 22.77 and 21.54, respectively). The Delta variant of SARS-CoV-2 is highly transmissible (1); vaccination is the most important strategy to prevent severe illness and death. On July 27, CDC recommended that all persons, including those who are fully vaccinated, should wear masks in indoor public settings in areas where COVID-19 transmission is high or substantial.* Findings from this investigation suggest that even jurisdictions without substantial or high COVID-19

transmission might consider expanding prevention strategies, including masking in indoor public settings regardless of vaccination status, given the potential risk of infection during attendance at large public gatherings that include travelers from many areas with differing levels of transmission.

During July 3–17, 2021, multiple summer events and large public gatherings were held in a town in Barnstable County, Massachusetts, that attracted thousands of tourists from across the United States. Beginning July 10, the Massachusetts Department of Public Health (MA DPH) received reports of an increase in COVID-19 cases among persons who reside in or recently visited Barnstable County, including in fully vaccinated persons. Persons with COVID-19 reported attending densely packed indoor and outdoor events at venues that included bars, restaurants, guest houses, and rental homes. On July 3, MA DPH had reported a 14-day average COVID-19 incidence of zero cases per 100,000 persons per day in residents of the town in Barnstable County; by July 17, the 14-day average incidence increased to 177 cases per 100,000 persons per day in residents of the town (2).

During July 10–26, using travel history data from the state COVID-19 surveillance system, MA DPH identified a cluster of cases among Massachusetts residents. Additional cases were identified by local health jurisdictions through case investigation. COVID-19 cases were matched with the state immunization registry. A cluster-associated case was defined as receipt of a positive SARS-CoV-2 test (nucleic acid amplification or antigen) result ≤ 14 days after travel to or residence in the town in Barnstable County since July 3. COVID-19 vaccine breakthrough cases were those in fully vaccinated Massachusetts residents (those with documentation from the

* <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>



Summary**What is already known about this topic?**

Variants of SARS-CoV-2 continue to emerge. The B.1.617.2 (Delta) variant is highly transmissible.

What is added by this report?

In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not.

What are the implications for public health practice?

Jurisdictions might consider expanded prevention strategies, including universal masking in indoor public settings, particularly for large public gatherings that include travelers from many areas with differing levels of SARS-CoV-2 transmission.

state immunization registry of completion of COVID-19 vaccination as recommended by the Advisory Committee on Immunization Practices,[†] ≥14 days before exposure). Specimens were submitted for whole genome sequencing[§] to either the Massachusetts State Public Health Laboratory or the Broad Institute of the Massachusetts Institute of Technology and Harvard University. Ct values were obtained for 211 specimens tested using a noncommercial real-time RT-PCR panel for SARS-CoV-2 performed under Emergency Use Authorization at the Broad Institute Clinical Research Sequencing Platform. On July 15, MA DPH issued the first of two Epidemic Information Exchange notifications to identify additional cases among residents of U.S. jurisdictions outside Massachusetts associated with recent travel to the town in Barnstable County during July 2021. This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.[¶]

By July 26, a total of 469 COVID-19 cases were identified among Massachusetts residents; dates of positive specimen

collection ranged from July 6 through July 25 (Figure 1). Most cases occurred in males (85%); median age was 40 years (range = <1–76 years). Nearly one half (199; 42%) reported residence in the town in Barnstable County. Overall, 346 (74%) persons with COVID-19 reported symptoms consistent with COVID-19.^{**} Five were hospitalized; as of July 27, no deaths were reported. One hospitalized patient (age range = 50–59 years) was not vaccinated and had multiple underlying medical conditions.^{††} Four additional, fully vaccinated patients^{§§} aged 20–70 years were also hospitalized, two of whom had underlying medical conditions. Initial genomic sequencing of specimens from 133 patients identified the Delta variant in 119 (89%) cases and the Delta AY.3 sublineage in one (1%) case; genomic sequencing was not successful for 13 (10%) specimens.

Among the 469 cases in Massachusetts residents, 346 (74%) occurred in persons who were fully vaccinated; of these, 301 (87%) were male, with a median age of 42 years. Vaccine products received by persons experiencing breakthrough infections were Pfizer-BioNTech (159; 46%), Moderna (131; 38%), and Janssen (56; 16%); among fully vaccinated persons in the Massachusetts general population, 56% had received Pfizer-BioNTech, 38% had received Moderna, and 7% had received Janssen vaccine products. Among persons with breakthrough infection, 274 (79%) reported signs or symptoms, with the most common being cough, headache, sore throat, myalgia, and fever. Among fully vaccinated symptomatic persons, the median interval from completion of ≥14 days after the final vaccine dose to symptom onset was 86 days (range = 6–178 days). Among persons with breakthrough infection, four (1.2%) were hospitalized, and no deaths were reported. Real-time RT-PCR Ct values in specimens from 127 fully vaccinated patients (median = 22.77) were similar to those among 84 patients who were unvaccinated, not fully vaccinated, or whose vaccination status was unknown (median = 21.54) (Figure 2).

Transmission mitigation measures included broadening testing recommendations for persons with travel or close contact with a cluster-associated case, irrespective of vaccination status; local recommendations for mask use in indoor settings, irrespective of vaccination status; deployment of state-funded mobile testing and vaccination units in the town in Barnstable County; and informational outreach to visitors and residents. In this tourism-focused community, the Community

[†] As of May 2021, ACIP recommended that all adults aged ≥18 years receive any of the three COVID-19 vaccines available in the United States via Emergency Use Authorization from the Food and Drug Administration, including Pfizer-BioNTech, Moderna, and Janssen; persons aged ≥12 years are eligible to receive the Pfizer-BioNTech COVID-19 vaccine. Full vaccination is defined as receipt of 2 doses of the Pfizer-BioNTech or Moderna COVID-19 vaccines or 1 dose of Janssen COVID-19 vaccine ≥14 days before exposure.

[§] Genomic sequencing was performed using Illumina NovaSeq using the NEB LunaScript RT ARTIC SARS-CoV-2 Kit. Novel mutations were not identified in the spike protein of the cluster-associated genomes compared with genomes collected during the same period from ongoing genomic surveillance efforts at Broad Institute. Raw and assembled genomic data are publicly available under NCBI BioProject PRJNA715749.

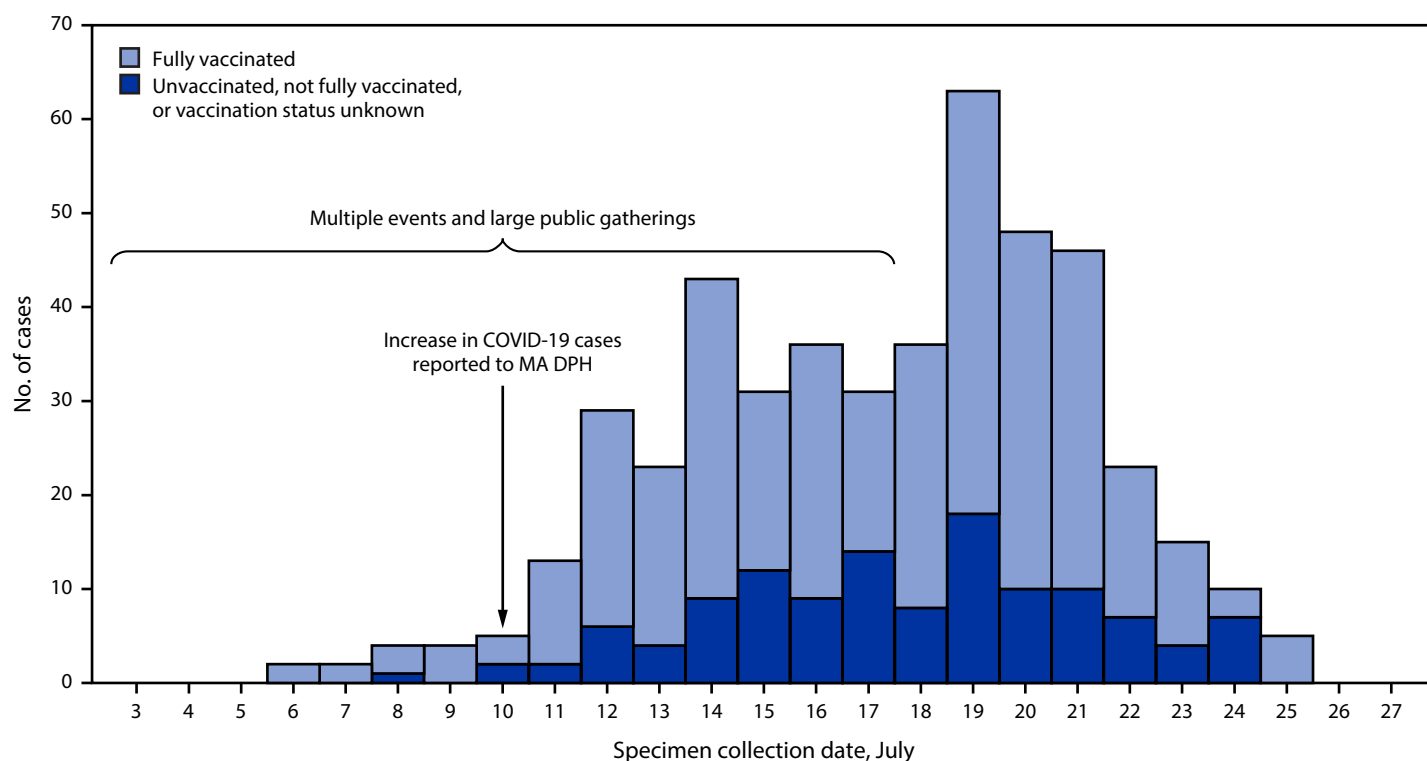
[¶] 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. Sect.241(d); 5 U.S.C. Sect.552a; 44 U.S.C. Sect.3501 et seq.

^{**} COVID-like symptoms were based on the Council of State and Territorial Epidemiologists surveillance case definition for COVID-19. <https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2020-08-05/>

^{††} <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

^{§§} One vaccinated, hospitalized COVID-19 patient had received the Pfizer-BioNTech vaccine and three had received the Janssen vaccine.

Early Release

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021**Abbreviation:** MA DPH = Massachusetts Department of Public Health.* Fully vaccinated was defined as ≥ 14 days after completion of state immunization registry–documented COVID-19 vaccination as recommended by the Advisory Committee on Immunization Practices.

Tracing Collaborative^{¶¶} conducted outreach to hospitality workers, an international workforce requiring messaging in multiple languages.

The call from MA DPH for cases resulted in additional reports of cases among residents of 22 other states who had traveled to the town in Barnstable County during July 3–17, as well as reports of secondary transmission; further analyses are ongoing. As of July 3, estimated COVID-19 vaccination coverage among the eligible population in Massachusetts was 69% (3). Further investigations and characterization of breakthrough infections and vaccine effectiveness among this highly vaccinated population are ongoing.

Discussion

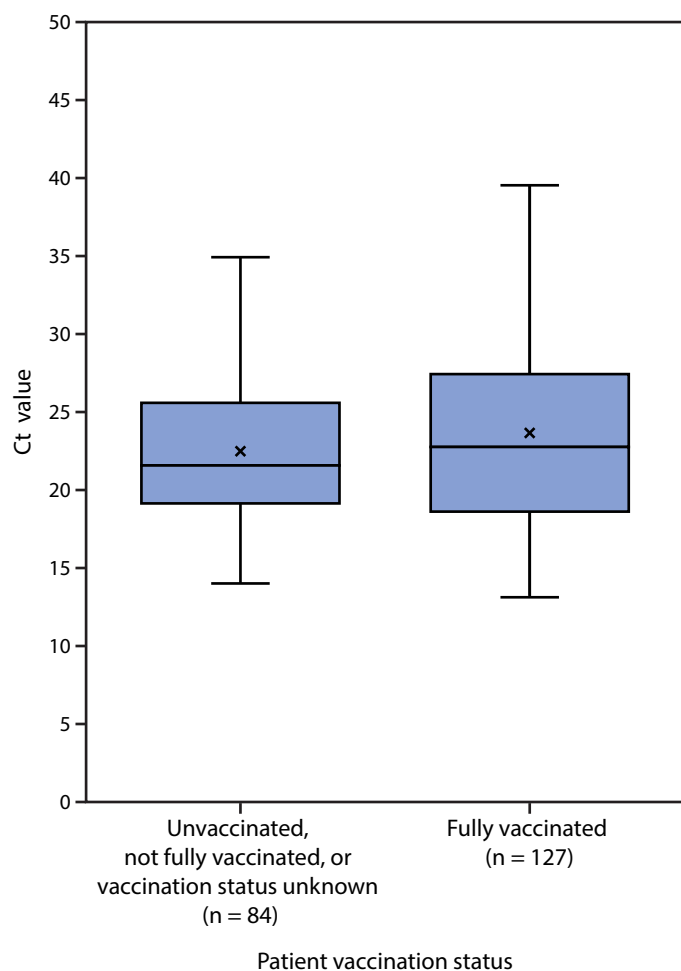
The SARS-CoV-2 Delta variant is highly transmissible (1), and understanding determinants of transmission, including human behavior and vaccine effectiveness, is critical to developing prevention strategies. Multipronged prevention strategies are needed to reduce COVID-19–related morbidity and mortality (4).

^{¶¶} The Community Tracing Collaborative is a multiorganization partnership that has supported COVID contact tracing and outbreak investigation in Massachusetts. <https://www.mass.gov/info-details/learn-about-the-community-tracing-collaborative>

The findings in this report are subject to at least four limitations. First, data from this report are insufficient to draw conclusions about the effectiveness of COVID-19 vaccines against SARS-CoV-2, including the Delta variant, during this outbreak. As population-level vaccination coverage increases, vaccinated persons are likely to represent a larger proportion of COVID-19 cases. Second, asymptomatic breakthrough infections might be underrepresented because of detection bias. Third, demographics of cases likely reflect those of attendees at the public gatherings, as events were marketed to adult male participants; further study is underway to identify other population characteristics among cases, such as additional demographic characteristics and underlying health conditions including immunocompromising conditions.^{***} MA DPH, CDC, and affected jurisdictions are collaborating in this response; MA DPH is conducting additional case investigations, obtaining samples for genomic sequencing, and linking case information with laboratory data and vaccination history. Finally, Ct values obtained with SARS-CoV-2 qualitative

^{***} A preliminary analysis matching cluster-associated COVID-19 cases with the state HIV case surveillance data identified 30 (6%) cases with verified HIV infection; all were virally suppressed, and none were hospitalized as a result of infection with SARS-CoV-2.

FIGURE 2. SARS-CoV-2 real-time reverse transcription–polymerase chain reaction cycle threshold values* for specimens from patients with infections associated with large public gatherings, by vaccination status† — Barnstable County, Massachusetts, July 2021§



Abbreviations: Ct = cycle threshold; RT-PCR = reverse transcription–polymerase chain reaction.

*Specimens were analyzed using a noncommercial real-time RT-PCR panel for SARS-CoV-2 performed under Emergency Use Authorization at the Clinical Research Sequencing Platform, Broad Institute of the Massachusetts Institute of Technology and Harvard University.

†Fully vaccinated was defined as ≥ 14 days after completion of state immunization registry–documented COVID-19 vaccination as recommended by the Advisory Committee on Immunization Practices.

§Whiskers represent minimum and maximum observations; top of box represents the third quartile (Q3), bottom represents the first quartile (Q1), and box height represents the interquartile range. Midline is the median; “x” is the mean.

RT-PCR diagnostic tests might provide a crude correlation to the amount of virus present in a sample and can also be affected by factors other than viral load.^{†††} Although the assay used in this investigation was not validated to provide quantitative results, there was no significant difference between the Ct values of samples collected from breakthrough cases and

the other cases. This might mean that the viral load of vaccinated and unvaccinated persons infected with SARS-CoV-2 is also similar. However, microbiological studies are required to confirm these findings.

Event organizers and local health jurisdictions should continually assess the need for additional measures, including limiting capacity at gatherings or event postponement, based on current rates of COVID-19 transmission, population vaccination coverage, and other factors.^{§§§} On July 27, CDC released recommendations that all persons, including those who are fully vaccinated, should wear masks in indoor public settings in areas where COVID-19 transmission is high or substantial. Findings from this investigation suggest that even jurisdictions without substantial or high COVID-19 transmission might consider expanding prevention strategies, including masking in indoor public settings regardless of vaccination status, given the potential risk of infection during attendance at large public gatherings that include travelers from many areas with differing levels of transmission.

^{§§§} <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

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¹Massachusetts Department of Public Health; ²CDC COVID-19 Response Team; ³Broad Institute, Cambridge, Massachusetts; ⁴Barnstable County Department of Health and the Environment, Massachusetts; ⁵Community Tracing Collaborative, Commonwealth of Massachusetts.

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^{†††} <https://www.cdc.gov/coronavirus/2019-ncov/lab/faqs.html>

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8 UNITED STATES DISTRICT COURT
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Case No.: 2:21-cv-13271 KM JSA

11 V.

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15 I have this date served the below parties electronically to the listed email addressed
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17 The 2nd **DECLARATION OF REGINALD BURGESS SUPPORTING**
18 **MOTION TO INTERVENE [supp & corrected]**

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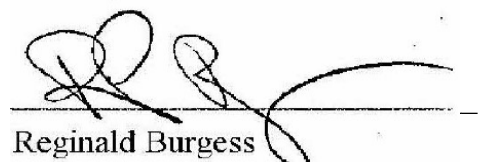
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25 (No known appearance by defendants yet)

26
27 I declare under penalty of perjury under the laws of the
State of California the forgoing is true and correct,
28 signed this 5th day of August 2021 at Norwalk, California


Reginald Burgess

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